

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/540094

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1		1		
3	2			1		
4	1			1		
5	0			1		
6	0			1		
7	0			1		
8	0			1		
9	0			1		
10	0			1		
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TOTAL IND.	1		1			
TOTAL DEP.	11	←	14	←		←
TOTAL CLAIMS	12	████████	15	████████		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		↓			↓	
TOTAL CLAIMS		████████		████████		